



# JUSTICE AND PUBLIC SAFETY CABINET

**Andy Beshear**  
Governor

**Department of Corrections**  
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**Cookie Crews**  
Commissioner

**Justice Mary C. Noble, Ret.**  
Secretary

For Use only by KY Department of Corrections

## STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

In accordance with State and Federal Law (KRS 160.700; KRS 160.720 and Family Educational Rights and Privacy Act 1974)

**I consent to the release of information from my educational records:**

**Purpose for release:** Assist me in attaining my educational goals

**Records to be released:** Copies of all transcripts

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

DOC Number \_\_\_\_\_

Current Location (Jail name, Prison, etc.) \_\_\_\_\_

Name and address of last High School Attended: X \_\_\_\_\_  
\_\_\_\_\_

Did you Graduate? \_\_\_\_\_ City and State: X \_\_\_\_\_

Last Grade completed \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL OR MAIL A COPY OF THIS FORM AND THE REQUESTED INFORMATION TO:**

Division of Education  
PO Box 2400  
Frankfort, KY 40602

Email Address: [edu.verification@ky.gov](mailto:edu.verification@ky.gov)  
FAX: 502-564-9910